

June 18, 2018

VIA ELECTRONIC FILING

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 17-287 - Bridging the Digital Divide for Low-Income Consumers
WC Docket No. 11-42 – Lifeline and Link Up Reform and Modernization
WC Docket No. 09-197 – Telecommunications Carriers Eligible for Universal Service Support
EX PARTE PRESENTATION

Dear Ms. Dortch:

TracFone Wireless, Inc. (“TracFone”) applauds the diligent efforts of Commission staff and the Universal Service Administrative Company (“USAC”) to develop and implement the National Verifier. When implemented, the National Verifier will be the mechanism for determining initial eligibility of consumers for Lifeline-supported services and for determining enrolled Lifeline consumers’ continuing eligibility in conformance with the annual re-certification of eligibility requirement. TracFone anxiously awaits the initial launch of the National Verifier in selected states and the nationwide implementation.

However, as TracFone has noted in prior ex parte letters, it has significant concerns regarding certain aspects of the National Verifier plan. A primary concern is the unexplained and inexplicable refusal to include an Automated Programming Interface (API) for Lifeline service providers to use to make eligibility determinations using the National Verifier. In the past, TracFone has been able to make initial eligibility determinations before sending applicant enrollment information to the National Lifeline Accountability Database (“NLAD”). For example, in 2017, TracFone received more than 58 million Lifeline inquiries. Of those, approximately 3.6 million resulted in completed applications. Of those 3.6 million applications, TracFone sent only about 2 million to NLAD. The others were rejected based on TracFone determinations that they were not properly completed. If the National Verifier is implemented as planned, TracFone would have to send all 58 million potential applications to the National Verifier. It is highly probable that other Lifeline providers will have to do the same. Submitting many millions of Lifeline applications to the National Verifier (most of which could have been screened and eliminated by the service providers) will impose a significant burden on National Verifier resources, including USAC personnel and contractors. The costs of meeting that burden will be borne by the Universal Service Fund (“USF”), and ultimately borne by those telecommunications service consumers who pay USF surcharges. There has to be a better way. There is a better way. A well-designed API for use by Lifeline providers will conserve resources

of Eligible Telecommunications Carriers, USAC and the public whose contributions supports the USF.

TracFone's National Verifier concerns are not limited to the lack of an API for service providers to use. In April 2018, TracFone representatives met with USAC staff to discuss the company's National Verifier and enrollment process concerns. Those concerns are described in a presentation document which was provided. A copy of that presentation entitled "SafeLink Issues with the New National Verifier" is attached herewith for inclusion in the record of these docketed proceedings. As described in that presentation, one of TracFone's concerns is the enrollment application designed for use with the National Verifier. That enrollment application is an eight page document which must be completed by every applicant for Lifeline service. It is difficult to imagine a greater impediment to Lifeline enrollment by qualified low-income consumers than to require each applicant to complete a government-mandated eight page enrollment form. Such a lengthy form perhaps could be justified if it were necessary in order to obtain the information needed to make the requisite eligibility determinations. Fortunately, an eight page enrollment form is not necessary. TracFone staff has developed a two page form which captures all of the information covered in USAC's eight page form. TracFone was able to reduce the USAC eight page version of the form to two pages simply by using page spacing in a more efficient manner. Included in the attachment to this letter is TracFone's suggested revised form.

During TracFone's meeting with USAC, it described concerns with the Spanish language version of the enrollment application. TracFone suggested some changes to that form so as to improve the grammar and make the Spanish version of the form consistent with the English version. USAC revised the Spanish version of the form as suggested and it is now a much clearer, user friendly form. However, the Spanish version of the Independent Economic Household Worksheet has not been revised and remains poorly drafted and difficult to use.

TracFone recognizes that the use of these USAC forms becomes mandatory on July 1, 2018 – less than two weeks from the date of this letter. TracFone acknowledges that it is not realistic to revise the forms in time for that July 1 effective date. Notwithstanding its misgivings about the eight page enrollment form and the Spanish language version of the IEH worksheet, TracFone is prepared to commence using those forms on July 1 as required. However, the fact that those forms "go live" on July 1 does not mean that they are ideal and should not be changed. For that reason, TracFone respectfully asks the Commission to direct USAC to revise the FCC Form 5629 and the Spanish version of the USAC Independent Economic Household Worksheet consistent with these recommendations. The National Verifier is an essential aspect of the Commission's effort to prevent and detect waste, fraud, and abuse in the Lifeline program. It is critical that the Commission and USAC get it right even if it means making changes and improvements to the enrollment forms after the July 1 effective date.

Ms. Marlene H. Dortch
June 18, 2018
Page 3 of 3

Pursuant to Section 1.1206(b) of the Commission's rules, this letter is being filed electronically. If there are questions, please contact undersigned counsel for TracFone.

Sincerely,



Mitchell F. Brecher

Enclosures

cc: Hon. Ajit Pai
Hon. Mike O'Rielly
Hon. Jessica Rosenworcel
Hon. Brendan Carr
Ms. Kris Monteith
Mr. Trent Harkrader
Mr. Ryan Palmer
Ms. Jodi Griffin
Ms. Radha Sekar
Ms. Michelle Garber
Mr. Ernesto Bickford

Attachment 1

SafeLink Issues with the new National Verifier

Presented by Gina Jasman

SafeLink
WIRELESS

Executive Summary

List of Issues with NV (National Verifier):

- 1) Lack of API (Application Programming Interface) between Service Provider (SP) and NV
- 2) Bad Customer experience with the use of portals to check LifeLine eligibility in the NV
- 3) Manual portal is the only channel available to the consumer removing website, CSR, fax and mail channels
- 4) High volume of transactions will be sent to the NV since the SP filtering will be removed
- 5) New lengthy and complicated application and IEH (Independent Economic Household) forms
- 6) Not all SNAP /Medicaid cards contain the consumer name therefore NV requesting signature match from ID card
- 7) NV will provide eligibility for 90 days to consumer and SP must enroll within those days
- 8) Re-verification and Recertification processes are too complex

Executive Summary

Key Points we will address for our recommendation, detailed in this presentation:

- Falling Short of Goals
 - How the current implementation without an API falls short of the goals of the National Verifier.
- Simple Changes will Allow the Goals to be More Rapidly Achieved
 - How a small change to the Implementation can save significant Administration Fees to the Universal Service Fund
- Barriers to Veterans/low income applicants Obtaining Service Should not Be Implemented
 - Insure continued access to job hunting and health communication for our Veterans as well as others. The LifeLine service is invaluable as a job finding, and interview setting communication solution.

Falling Short of Goals

From the 2017 USAC Annual Report:

“Looking forward, the Lifeline Program anticipates launching the National Verifier, which will deliver a streamlined, consistent verification process for potential Lifeline subscribers and will enable greater protection against program waste, fraud, and abuse.”

Whereas the process is certain to enable greater protection against fraud and abuse, the current process without a real time API for carriers to request verification will not achieve fully two key areas

1. A more “streamlined” process, and
2. Will incur unnecessary waste due to dramatically increased administrative costs resulting from high volumes of manual checks.

Simple Changes will Allow the Goals to be More Rapidly Achieved

One of the most common comments in support of the NV was the need for the carriers to have an API allowing for real time verification of an applicant's qualification such as is implemented for the NLAD solution.

- Reduce dramatically the number of applications being submitted by carriers by allowing the applicant, such as a disabled veteran to be able to:
 - Easily complete a single application at a carrier and allow the carrier to confirm if the National Verifier can automatically confirm eligibility and if not,
 - Allow for easy upload of proof, review such proof and only submit such application after confirming that the proof is valid.
- Through an API call, a carrier can transmit the application information and retrieve the result, in order to convey the results back to the applicant

Simple Changes will Allow the Goals to be More Rapidly Achieved (cont.)

Such a process, would be truly streamlined allowing our veterans and others to be able to apply one time and not need to re-enter all of their information on two different systems and have delays in between and then have to update the carrier in which they are applying.

- Having double entry of an application fails to serve those in which is intended by putting artificial barriers to obtaining the service and at the same time increasing the administrative cost:
 - Additional manual data entry in all parties involved, with the additional administrative cost of maintaining thousands of credentials for each.
 - Longer and higher amount of paper applications as opposed to electronic evidence, with higher costs for the National Verifier to process applications, and an impact on the environment.

Barriers to Veterans/ Low Income Applicants

- The lack of an API creates an unduly burdensome process for our Disadvantaged Veterans whose communication is a vital necessity to pursue work and as well to help access lifesaving healthcare and preventative care.
- The very low subsidy cost of the Lifeline benefit in relation to the potential cost savings to other programs when it is used to find a job or get preventative healthcare generates a high return on investment for our country.
- Even so, it is a high return on investment needed to properly serve our veterans and our disabled veterans, who have served our country and protected our freedom.

SafeLink Issues with the new NV

1. Lack of API or “Real Time” connection with Service Providers (SPs) increase costs and decrease efficiency:
 - a. SPs need API interfaces with the NV to allow us to integrate with our system the same way we are going to do it by using the Service Provider Portal, nothing else. Only a faster and reliable way to process data. Don't see any reason why this portal functionality can't be exposed via API.
 - b. API process will allow SPs to submit personal information from the subscriber and supporting documentation submission.
 - c. SPs will need thousands employee credentials to support consumer with the National Verifier to validate applicant's eligibility.
 - d. Manual checks do not work at any level. There are more than 20K TracFone transactions per day, including weekends that need to be processed therefore there is an urgent need to request API interfaces to be efficient and to speed up the process.

SafeLink Issues with the new NV

- e. We do not agree with the manual portal being the most effective way to check eligibility in the National Verifier. The NV must eliminate unnecessary roadblocks in the enrollment/eligibility verification process.
- f. The NV team will be using internal API interfaces to communicate with the federal and state databases to check eligibility, they need to expose it and make it public to the SPs.

SafeLink Issues with the new NV

2. Applicant's experience will be cumbersome since they will need to manually enter their PII (Personally Identifiable Information) multiple times: in the NV system and the ETC's enrollment system which will cause data entry errors.
 - a. This manual process will be a bad experience for the consumer since it requires the need to login to a manual NV Portal to validate LifeLine eligibility.
 - i. Manual process is not the best option / there is room for errors.
 - ii. We recommend the NV use API in order to stream line the process and make it more user friendly.
 - b. With the manual portal, the enrollment creation time will definitely increase dramatically.
 - i. It brings up a security concern since the manual portal will have confidential PII and SPs will need to implement new processes to ensure consumer's data is secured.

SafeLink Issues with the new NV

Our system is reliable while treating customer's PII:

- a. Lexis Nexis validations (additional to TPIV), that is usually more strict than NLAD, that allows us to validate PII and find:
 - i. Duplicates by ADL (even when PII is purposely changed)
 - ii. Deceased customers
 - iii. PII wrongly entered
 - iv. Address that does not belong to the customer
- b. CASS and Melissadata Address Validations that allow us to:
 - i. have ONLY VALID residential addresses entered and solicit extra documentation when it is not valid
 - ii. Identify Duplicate addresses even when NLAD might not detect it

Having customers enter PII directly into a system that lacks any of these standards will endanger data integrity, duplication check and will delay and hurt the qualification process.

SafeLink Issues with the new NV

3. The NV is providing two portals for LifeLine enrollment: SP Portal and Consumer Portal
 - a. Mandatory for consumer to be in person to apply for LifeLine thus the only channel available is the Grass Roots channel with the use of the mobile app, despite the FCC concerns with the grass roots channel, thus encouraging SPs to utilize third party grass roots agencies.
 - b. These SP channels will no longer be available to the consumer:
 - i. **SP website**: consumer goes to the website and creates an application, e-signs it and uploads all supporting documentation.
 - ii. **SP CSR**: consumers call the 800# to enroll over the phone with the help of a live agent and recordings from the consumer accepting all certifications.
 - iii. **SP fax channel**: consumer faxes a fully executed application along with copies of supporting documentation.
 - iv. **SP Mail Channel**: consumer mail in a fully executed application along with copies of supporting documentation.

SafeLink Issues with the new NV

4. Currently TracFone filters the amount of enrollments sent to NLAD for approval due to our multiple system validations thus eliminating applicants that are not eligible and bad enrollments.

Last year we reduced the number of leads by 95%, with the NV we will be sending all leads creating an overload of data processing for the NV system.

Based on below analysis for 2017:

We would have sent to the NV 58 million leads (This is only one Service Provider), but due to our current process of filtering and removing bad applications, we only send to NLAD two million records (only good applications) thus saving the NV about 56 million records of processing data.

SafeLink Issues with the new NV

Current SafeLink Enrollment Process				Proposed NV Enrollment Process			From All the data Entered into the NV, Only these % will be Qualified in NV
2017	Leads	Created Applications	Qualified Applications Sent to NLAD (due to SafeLink filter)	Leads Entered into the NV	Expected Applications Sent to NV	Expected Qualified Applications from NV	
January	6,113,786	326,638	197,808	6,113,786	6,113,786	197,808	3.2%
February	4,757,981	315,376	175,431	4,757,981	4,757,981	175,431	3.7%
March	5,987,579	359,381	192,037	5,987,579	5,987,579	192,037	3.2%
April	5,685,874	386,127	200,943	5,685,874	5,685,874	200,943	3.5%
May	6,177,017	427,245	240,714	6,177,017	6,177,017	240,714	3.9%
June	7,273,904	489,131	262,027	7,273,904	7,273,904	262,027	3.6%
July	8,239,101	489,901	264,280	8,239,101	8,239,101	264,280	3.2%
August	8,219,521	510,940	292,449	8,219,521	8,219,521	292,449	3.6%
September	5,665,393	373,557	205,052	5,665,393	5,665,393	205,052	3.6%
Total	58,120,156	3,678,296	2,080,741	58,120,156	58,120,156	2,030,741	3.5%

SafeLink Issues with the new NV

5. The new standard application (FCC form 5629) is 8 pages long and provides lengthy information; as opposed to have an application by state and the IEH (Independent Economic Household) worksheet is now three pages instead of one page.
 - a. There are some required fields and disclaimers by state that are not being considered on the new application form:
 - AZ : Special Disclaimer for Tribal Lands
 - CT : Special Disclaimer requested by the state
 - FL : OPC process for FL income Applicants
 - MA : Special Disclaimer requested by the state
 - MO : DCN ID required for SNAP and Medicaid applicants
 - NM :Special Disclaimer requested by the state
 - PA: Special Disclaimer requested by the state
 - WA: Special Disclaimer requested by the state
 - WI: Special Disclaimer requested by the state

SafeLink Issues with the new NV

- b. There is a need to add a new page in the front of the NV application form to include some required fields to be able to process applications at the time of reverification as per: Our company logo, Bar code, ETC's Enrollment ID, specific field or disclaimer required by some states.
- c. Form can be adjusted to shorten the application by removing waste spaces and moving fields around without removing any of the information required.
- d. The new application is requesting the applicant to initialize each of the nine disclaimers instead of allowing the use of checkmarks.
- e. The use of this new form which must be used for the Reverification process will NOT be cost effective because providers will have to pay extra for paper, printing, postage, and extra resources.

NV Form Review

- ❖ NV form contains 8 pgs.
- ❖ Page 1 (to the right), covers information and rules about the program. These rules are also found in the form of disclaimers that must be accepted by all applicants on page 6 of the form
- ❖ Note encased in red on the left border of the form, wasted space with a single statement that could be made part of the form itself thus saving space by utilizing the entire sheet of paper

FCC FORM 5629

Lifeline Program
Application Form

OMB APPROVAL EDITION 3060-0819

FCC

Universal Service
Administrative Co.

1. About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

You may need to show other documents

You will need to show your phone or internet company an official document from one of the government qualifying programs or prove your annual income. Please provide copies of your official documents with this application. Include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of your state ID card and an official document from the program you are qualifying through (your SNAP card, Medicaid card, Supplemental Security Income (SSI) benefit letter, Federal Public Housing Assistance (FPHA) award letter, or other accepted documents).
2. If you qualify through your income: copies of your state ID card and your last state, federal, or Tribal tax return, pay stubs for 3 consecutive months, or other accepted documents. Visit lifelinesupport.org to see the full list of accepted documents.

Visit lifelinesupport.org to see the full list of accepted documents.

Apply

To apply for a Lifeline benefit, fill out every section of this form, initial every agreement statement, and sign the last page.

To apply, bring or mail this form to your phone or internet company.

Page 1 of 8

Universal Service Administrative Company | www.lifelinesupport.org
Need help? Call the Lifeline Support Center at 1-800-234-9479

- # NV Form Revi
- ❖ Pg. 2 - Additional wasted space on the left margin. Instructions can be moved above the table to increase space
 - ❖ This allows the table to be extended to the left freeing additional space on form
 - ❖ Middle Name too long, why request the name instead of initials given that it's an optional field. Same issue with the Suffix
 - ❖ Wasted space around SSN / Tribal ID section
 - ❖ Wasted space below the personal info table. Moving up information from the next pages can save on the page count

FCC FORM 5629

OMB APPROVAL EDITION 3060-0819

Lifeline Program
Application Form

2.
Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Suffix (optional)

Last

What is your phone number (if you have one)?

What is your date of birth?

What is your email address (if you have one)?

What are the last 4 numbers of your Social Security Number (SSN)?
If you do not have a SSN, what is your Tribal Identification Number?

What is the best way to reach you?
☐ email ☐ phone ☐ text message ☐ mail

Page 2 of 8

Universal Service Administrative Company | www.lifelinesupport.org
Need help? Call the Lifeline Support Center at 1-800-234-9473

NV Form Review cont.

- ❖ Pg. 3 – Same issues as noted on Pg. 2
- ❖ In addition – Wasted space around the ST, Zip, Temp Add and Tribal Lands box
- ❖ Wasted space below the address table

FCC FORM 5629

Lifeline Program
Application Form

OMB APPROVAL EDITION 3060-0819

FCC Universal Service Administrative Co.

**2.
Your
Information
(continued)**

*Tribal lands include any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (35 Stat. 161), Indian allotment, Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Home Commission Act, 1920 July 6, 1921, 42 Stat. 155, et. seq., as amended, and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC's Lifeline rules.

What is your home address? (The address where you will get service. Do not use a P.O. Box.)

Street Number and Name

Apt., Unit, etc. City

State Zip Code

Is this a temporary address? ☐ Yes ☐ No Check if you live on Tribal Lands* ☐

What is your mailing address? (Only fill this out if it is not the same as your home address.)

Street Number and Name

Apt., Unit, etc. City

State Zip Code

Page 3 of 6

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Need help? Call the Lifeline Support Center at 1-800-234-9473

NV Form Review cont.

- ❖ Pg. 4 – Continues misusing space
- ❖ Needs the same modifications made to page 2
- ❖ Wasted space below dependent's table

Lifeline Program
Application Form

FC Universal Service
Administrative Co.

**2.
Your
Information
(continued)**

Only fill this section
out if you are applying
through a child or
dependent.

☐ Check if you are qualifying through a child or dependent in your household.
If so, answer the following questions:

What is their full legal name?

First

Middle (optional) Suffix (optional)

Last

What is their date of birth?

Month Day Year

What are the last 4 numbers of their Social Security Number (SSN)?

If they do not have a SSN, what is your Tribal Identification Number?

Page 4 of 8

Universal Service Administrative Company | www.lifelinesupport.org
Need help? Call the Lifeline Support Center at 1-800-234-9473

NV Form Review cont.

- ❖ Pg. 5 – Utilizes space better
- ❖ Income selection correctly prompts applicants for the household count, but adding a Yes or No to the income bracket makes no sense and will confuse applicants

Lifeline Program Application Form

FC **Universal Service Administrative Co.**

3. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

Check all programs that you or someone in your household have:

- ☐ Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Federal Public Housing Assistance (FPHA)
- ☐ Veterans Pension or Survivors Benefit Programs

Tribal Specific Programs

- ☐ Bureau of Indian Affairs (BIA) General Assistance
- ☐ Tribal Temporary Assistance for Needy Families (Tribal TANF)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)
- ☐ Tribal Head Start (only households that meet the income qualifying standard)

Or

Qualify through your income:
(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (check one)	Is your income the same or less than the amount listed for your state and household size? (only check yes or no next to your household size)			
	All 48 States & DC (not Alaska and Hawaii)	Alaska	Hawaii	
<input type="checkbox"/> 1	\$16,389	\$20,493	\$18,846	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2	\$22,221	\$27,783	\$25,555.50	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 3	\$28,053	\$35,073	\$32,265	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 4	\$33,885	\$42,363	\$38,974.50	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 5	\$39,717	\$49,653	\$45,684	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 6	\$45,549	\$56,943	\$52,393.50	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 7	\$51,381	\$64,233	\$59,103	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 8	\$57,213	\$71,523	\$65,812.50	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If more than 8, add this amount for each extra person:	Add \$5,832	Add \$7,290	Add \$6,709.50	<input type="checkbox"/> Yes <input type="checkbox"/> No

135% of the 2018 Federal Poverty Guidelines
*The Federal Poverty Guidelines are typically updated at the end of January.

Page 5 of 8

Universal Service Administrative Company | www.lifelinesupport.org
Need help? Call the Lifeline Support Center at 1-800-234-9473

NV Form Review cont.

- ❖ Pg. 6 – Utilizes space ok
- ❖ Instructions on the left could be moved above table, thus allowing disclaimers to move to the left margin
 - ❖ This would allow the Agent's information on the next page to move to the bottom of this page and save the additional page

FCC FORM 5629

Lifeline Program
Application Form

OMB APPROVAL EDITION 3060-0819

FC Universal Service
Administrative Co.

4. Agreement

I agree, under penalty of perjury, to the following statements:

You must initial next to each statement.

☐ I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

☐ I agree that if I move I will give my service provider my new address within 30 days.

☐ I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.

2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

☐ I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

☐ I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

☐ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

☐ I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

☐ My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

☐ I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

☐ I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Signature _____ Today's Date _____

Page 6 of 8

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Need help? Call the Lifeline Support Center at 1-800-234-9473

NV Form Review cont.

- ❖ Pg. 7 – As noted above this information could be moved to the previous page, thus saving the use of this page

FCC FORM 5629

Lifeline Program
Application Form

OMB APPROVAL EDITION 3060-0819

FCC

Universal Service
Administrative Co.

**5.
Agent
Information**

*Answer only if a sales
person submits this form.*

What is the agent's full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is the agent's ID number?

What is the agent's date of birth?

Month Day Year

Page 7 of 8

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NV Form Review cont.

- ❖ Pg. 8 – Should be combined with first page (Rules) to minimize the use of additional page

FCC FORM 5629

Lifeline Program
Application Form

OMB APPROVAL EDITION 3060-0819

FC Universal Service
Administrative Co.

Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMB-P/RM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. § 254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

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Page 6 of 6

Universal Service Administrative Company | www.usac.fcc.gov
Need help? Call the Lifeline Support Center at 1-800-234-9473



TracFone Re-Design Form

- ❖ TF has created a two page form
- ❖ Pg. 1 - Combines the rules and notice pages into a single double sided 8½ x11" sheet
- ❖ This page will be triple folded behind the form and inserted in the envelope

FCC FORM 5629

Lifeline Program
Application Form

OMB APPROVAL EDITION 3060-0819

About
Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home phone, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone/bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company. You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

You may need to show other documents

If the Lifeline Program Administrator is not able to prove you or someone in your household qualify using this form and electronic databases, you may need to show an official document from one of the government qualifying programs or to prove your annual income. You can submit copies of your official documents with this application or wait until the Lifeline Program Administrator asks you for them. To add them now, include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of your state ID card and an official document from the programs you are qualifying through (your SNAP card, Medicaid card, etc.).
2. If you qualify through your income: copies of your state ID card and pay stubs for 3 consecutive months (or other accepted documents).

Visit lifelinesupport.org to see the full list of accepted documents.

Apply

Bring or mail the form to this address:
USAC
Lifeline Support Center
P.O. Box 7081
London, KY 40742

To apply for a Lifeline benefit, fill out every section of this form, initial every agreement statement, and sign the last page.

Notice

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Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

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Page 1 of 2

Universal Service Administrative Company | www.lifelinesupport.org
Need help? Call the Lifeline Support Center at 1-800-234-9473

2

Universal Service Administrative Company | www.lifelinesupport.org
Need help? Call the Lifeline Support Center at 1-800-234-9473

TracFone Re-Design Form cont.

- ❖ TF tried to remain as true as possible to the NV format utilizing the space to best fit the needs
- ❖ Pg. 2 – A single double sided 8½ x 14" sheet where required information to identify applicants was added
 - ❖ Mailing info that shows thru the #10 window envelope (Name & Add)
 - ❖ Barcode to identity enrollment ID
 - ❖ Phone/plan selection that allows applicant to select the type of service applied for
- ❖ The rest of the information was pulled from the form mimicking the NV format

FCC FORM 5629

Lifeline Program
Application Form

FCC Universal Service Administrative Co.

Mailing Address (P.O. Box Allowed) or address from your Qualifying Home Address

Address/Apt. No. _____

City _____

State _____ ZIP code _____

June Q Sample
9304 SE Main St
Milwaukie, OR 97222-7338
a1b2c3d4e5f6g7h8i9j0k1l2m3n4o5p6q7r8s9t0u1v2w3x4y5z6

1. Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First _____ Middle (optional) _____ Suffix (optional) _____

Last _____

What is your phone number? (if you have one) _____

What is your date of birth? _____

What is your email address? (if you have one) _____

What are the last 4 numbers of your Social security Number (SSN)? (if you have one) _____

If you do not have a SSN, what is your Tribal Identification Number? _____

What is the best way to reach you?
☐ email ☐ phone ☐ text message ☐ mail

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Apt. Unit, etc. _____ City _____

State _____ Zip Code _____

Is this a temporary address? ☐ Yes ☐ No Check if you live on Tribal Lands* ☐

Only fill this section out if you are applying through a child or dependent.

Check if you are qualifying through a child or dependent in your household. If so, answer the following questions:

What is their full legal name?

First _____ Middle (optional) _____ Suffix (optional) _____

Last _____

What is their date of birth? _____

What are the last 4 numbers of your Social security Number (SSN)? (if you have one) _____

If you do not have a SSN, what is your Tribal Identification Number? _____

If you qualify for Lifeline, you can keep your current Smartphone and we will mail you a free SIM card; alternatively you can receive a free SafeLink phone. Select which plan you prefer. Unlisted numbers and data will not carryover from month-to-month.

Keep Your Own Smartphone*
Receive 350 monthly minutes & unlimited texts with 1GB/month of FREE data for the first 3 months of service and 1GB/month thereafter.

*Requires a compatible or unlocked GSM Smartphone. Most GSM smartphones are compatible.

OR

Free SafeLink Phone
Receive 350 monthly minutes & unlimited texts with 1GB/month of FREE data.

The SafeLink phone is reproduced or re-edited from work created and obtained by Google and used according to terms of conditions described in the Creative Commons 3.0 Attribution License.

TracFone Re-Design Form cont.

- ❖ Pg. 2 – The back side of the 8½ x 14" sheet completes the remaining information missing on the form

- ❖ Qualification method
- ❖ Disclaimers
- ❖ Agent information

2. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline. You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:
Check all programs that you or someone in your household have:

- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Federal Public Housing Assistance
- ☐ Veterans Pension and Survivors Benefit Programs

Tribal-Specific Programs

- ☐ Bureau of Indian Affairs General Assistance
- ☐ Tribally-Administered Temporary Assistance for Needy Families (TANF)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)
- ☐ Head Start (only households that meet the income qualifying standard)

OR

Qualify through your income:
(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? (max one)	Is your income the same or less than the amount listed for your state and household size? (see check us or no not to more household unit)	48 Contiguous States & D.C.	Hawaii
<input type="checkbox"/> 1		\$16,389	\$18,846
<input type="checkbox"/> 2		\$22,221	\$25,256
<input type="checkbox"/> 3		\$28,053	\$32,265
<input type="checkbox"/> 4		\$33,885	\$38,975
<input type="checkbox"/> 5		\$39,717	\$45,684
<input type="checkbox"/> 6		\$45,549	\$52,394
<input type="checkbox"/> 7		\$51,381	\$59,103
<input type="checkbox"/> 8		\$57,213	\$65,813
<input type="checkbox"/> If more than 8, add this amount for each extra person:		\$5,812	\$6,710

135% of the 2018 Federal Poverty Guidelines
*The Federal Poverty Guidelines are typically updated at the end of January.

3. Agreement

☐ I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

☐ I agree that if I move I will give my service provider my new address within 30 days.

☐ I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

☐ I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

☐ I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

☐ All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

☐ I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

☐ My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

☐ I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

I consent to let USAC contact me at my Lifeline phone number for important notifications and updates to my Lifeline service. Messages and calls may apply. Text STOP to end messages.

Signature: _____ Today's Date: _____

4. Agent Information

What is the agent's full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

First: _____

Middle (optional): _____ Suffix (optional): _____

Last: _____

What is the agent's ID number? _____

What is their date of birth? _____

Month: _____ Day: _____ Year: _____

Answer only if a sales person submits this form

IEH Worksheet Review

- ❖ The IEH (Independent Economic Household) worksheet was also modified, it now has 4 pages that based on the layout cannot be adjusted to print back to back and simplify the use of additional pages
- ❖ Pg. 1 - Again wasted space on the left margin as well as on the lower section of the form

FCC FORM 5631

Lifeline Program
Household Worksheet

OMB APPROVAL EDITION 3060-0819

FC Universal Service Administrative Co.

About Lifeline

Lifeline is a benefit that lowers the monthly cost of phone or internet service (not both). You are only allowed to get one Lifeline benefit per household, not per person.

What this worksheet is for

Use this worksheet if someone else at your address gets Lifeline. The answers to these questions will help you find out if there is more than one household at your address.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Page 1 of 4

Universal Service Administrative Company | www.usfcd.net/support.org
Need help? Call the Lifeline Support Center at 1-800-234-9473



IEH Worksheet Review cont.

- ❖ Pg. 2 – Continues with wasted spaces, on the left margin as well as on the lower section of the form
- ❖ Space is also wasted with the Middle Name. If this is an optional field why not ask only for Middle Initial
- ❖ Similar case with the Suffix, being this an optional field does it adds any purpose?

FCC FORM 5631

Lifeline Program
Household Worksheet

OMB APPROVAL EDITION 3060-0819

Universal Service
Administrative Co.

Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID. Not a nickname.

--	--	--	--

First

--	--

Middle (optional) Suffix (optional)

--

Last

What is your home address? (The address where you will get service. Do not use a P.O. Box)

--

Street Number and Name

--	--

Apt., Unit, etc. City

--	--

State Zip Code

Page 2 of 4

Universal Service Administrative Company | www.lifelinesupport.org
 Need help? Call the Lifeline Support Center at 1-800-234-9473

IEH Worksheet Review cont.

- ❖ Pg. 3 – Continues misusing space on the left margin as well as on the bottom of the form
- ❖ Encased in Yellow are explanations of what happens given specific responses. The green arrows point to check boxes that can confuse applicants given the flow of the questions

FCC FORM 5631

OMB APPROVAL EDITION 3060-0819

Lifeline Program
Household Worksheet

FCC Universal Service Administrative Co.

Can you apply?
Follow this decision tree to confirm if you qualify for the Lifeline Program.

1. Do you live with another adult?
Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

☐ Yes
If yes, answer question 2

☐ No

2. Do they get Lifeline?

☐ Yes
If yes, answer question 3

☐ No

3. Do you share money (income and expenses) with them?
This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

☐ Yes

☐ No

You can apply for Lifeline. You live in a household that does not get Lifeline yet. Please initial line ② on page 3, and sign and date the worksheet.

☐ Check this box

You do not qualify for Lifeline because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

☐ Check this box

You can apply for Lifeline. You live at an address with more than one household and your household does not get Lifeline yet. Please initial lines ① and ② on page 3, and sign and date the worksheet.

☐ Check this box

Page 3 of 4

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IEH Worksheet Review cont.

- ❖ Pg. 4 – Continues misusing space on the left margin
- ❖ The disclaimers on the top section should have been moved to the previous page, thus keeping the full returnable document as a single page, a simpler process for applicants as well as agents reviewing the information

FCC FORM 5631

Lifeline Program
Household Worksheet

OMB APPROVAL EDITION 3060-0819

FCC Universal Service Administrative Co.

Agreement

Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Lifeline Program Application Form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

☐ A I live at an address with more than one household.
Initial

☐ B I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.
Initial

Signature _____ Today's Date _____

Notice

NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. If more than one person at the same address is applying for Lifeline service, all applicants must submit a Household Worksheet. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

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The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine your eligibility for Lifeline services. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

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Page 4 of 4

Universal Service Administrative Company | www.lifelinesupport.org
Need help? Call the Lifeline Support Center at 1-800-234-9473

IEH Worksheet Review

- ❖ Given the information on the HHW, there is no way to reduce the form into anything less than two - 8½x11" pages. Therefore we believe it would be best to modify it into two separate printed sheets back to back
- ❖ Pg. 1a - Houses the returnable sections which allow the document to function as a standalone form for cases where the HHW is the only document required to complete the enrollment process

[illegible]

TracFone Re-Design IEH Form

- ❖ Pg. 1b - Continues with the back side of the form on an 8½ x 11" page back to back

FCC FORM 5631

OMB APPROVAL EDITION 3060-0819

Lifeline Program Household Worksheet

Can you apply?
Follow this decision tree to confirm if you qualify for the Lifeline Program.

1. Do you live with another adult?
Adults are people who are 18 years old or older, or who are emancipated minors. This can include a spouse, domestic partner, parent, adult son or daughter, adult in your family, adult roommate, etc.

☐ Yes *If yes, answer question 2*

☐ No

2. Do they get Lifeline?

☐ Yes *If yes, answer question 3*

☐ No

3. Do you share money (income and expenses) with them?
This can be the cost of bills, food, etc., and income. If you are married, you should check yes for this question.

☐ Yes

☐ No

You can apply for Lifeline. You live in a household that does not get Lifeline yet. Please initial line ④ on page 3, and sign and date the worksheet.

☐ Check this box

You can apply for Lifeline. You live at an address with more than one household and your household does not get Lifeline yet. Please initial lines ④ and ⑤ on page 3, and sign and date the worksheet.

☐ Check this box

You do not qualify for Lifeline because someone in your household already gets the benefit. You are only allowed to get one Lifeline discount per household, not per person.

☐ Check this box

Agreement
Please initial the agreement below and sign and date this worksheet. Submit this worksheet to your service provider with your Lifeline Program Application Form.

☐ Initial ④ I live at an address with more than one household.

☐ Initial ⑤ I understand that the one-per-household limit is a Federal Communications Commission (FCC) rule and I will lose my Lifeline benefit if I break this rule.

Signature **Today's Date**

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Page 3 of 4

Universal Service Administrative Company | www.lifelinesupport.org
Need help? Call the Lifeline Support Center at 1-800-234-9473

TracFone Re-Design IEH Form cont.

- ❖ Pg. 2a – Both informational pages can be combined into a single 8½x11" printed back to back document for applicants to be informed

FCC FORM 5631

OMB APPROVAL EDITION 3060-0819

Lifeline Program
Household Worksheet

FCC **Universal Service Administrative Co.**

About Lifeline

Lifeline is a benefit that lowers the monthly cost of phone or Internet service (not both). You are only allowed to get one Lifeline benefit per household, not per person.

What this worksheet is for

Use this worksheet if someone else at your address gets Lifeline. The answers to these questions will help you find out if there is more than one household at your address.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Examples of one household:

- A married couple who live together are one household. They must share one Lifeline benefit.
- A parent/guardian and child who live together are one household. They must share one Lifeline benefit.
- An adult who lives with friends or family who financially support him/her are one household. They must share one Lifeline benefit.

Examples of more than one household:

- 4 roommates who live together but do not share money are 4 households. They can have one Lifeline benefit each, 4 total.
- 30 seniors who live in an assisted-living home are 30 households. They can have one Lifeline benefit each, 30 total.

Household expenses

A household shares expenses. Household expenses include, but are not limited to, food, healthcare expenses, and the cost of renting or paying a mortgage on your place of residence and utilities.

Income

Households share income. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Page 1 of 4

Universal Service Administrative Company | www.lifelinesupport.org
Need help? Call the Lifeline Support Center at 1-800-234-9473

TracFone Re-Design IEH Form cont.

- ❖ Pg. 2b – Second informational page combined into a single back to back 8½x11"

FCC FORM 5631

OMB APPROVAL EDITION 3060-0819

Lifeline Program
Household Worksheet

FCC Universal Service
Administrative Co.

Notice

NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. If more than one person at the same address is applying for Lifeline service, all applicants must submit a Household Worksheet. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR § 54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, 0.25 hours. Our estimate includes the time to read and complete the form and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERM, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine your eligibility for Lifeline services. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

PRIVACY ACT STATEMENT: The Privacy Act is a law that requires the Federal Communications Commission (FCC) and the Universal Service Administrative Company (USAC) to explain why we are asking individuals for personal information and what we are going to do with this information after we collect it.

Authority: Section 254 of the Communications Act (47 U.S.C. § 254), as amended, 47 U.S.C. § 254, authorizes the FCC to operate the Lifeline program. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR § 54.400 et seq.).

Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/USAC-1, which we have published in 60 Fed. Reg. 36606 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

Page 4 of 4

Universal Service Administrative Company | www.lifelinesupport.org
Need help? Call the Lifeline Support Center at 1-800-234-9473

SafeLink Issues with the new NV

6. The NV will only accept cards (SNAP, Medicaid, etc.) that include the customer's name for both migration and for new eligibility checks. There are about a dozen states that do not print the customer's name on the card
 - a. SNAP and Medicaid cards with no name printed but have signature should be accepted with an additional ID that verifies the applicant's name.
 - b. If the card does not have the consumer's name, consumer can provide an award letter. Most consumers don't keep their award letter and will not be able to receive their LifeLine service.

SafeLink Issues with the new NV

7. The National Verifier will provide eligibility for 90 days:

- a. If consumer is found in the LED and passes NLAD checks, the NV will approve them as eligible for 90 days.
- b. If consumer is not found, user will be prompted to upload (or mail in) supporting eligibility documentation.
 - i. This means the NV will provide eligibility for 90 days then the SP will have to Enroll the customer in NLAD within those 90 days.
 - ii. The consumer will need an appropriate time to provide the required documentation if eligibility is not verified through the NV.
 - iii. This can't be done easily or faster, if the only way is to check manually by logging in a NV portal.

SafeLink Issues with the new NV

8. The NV migration process is too complex and requires supporting documentation from subscribers to be valid as of July 2017.
 - a. Older subscribers that do not pass the state/federal database with the NV would likely be unable to migrate or need to re-submit newer supporting documentation forcing older subscribers to re-certify again.
 - b. As per lifeline regulations customers are subject to one (1) re-certification per year.
 - c. Current re-certification process does not require additional supporting documentation. The SP is responsible to reach out to the subscriber to request updated supporting documentation and if they don't respond, within 30-days their LifeLine service will be terminated.

Attachment 2

Lifeline Program Application Form



Universal Service
Administrative Co.

About Lifeline

Lifeline is a federal benefit that lowers the monthly cost of phone or internet service.

Rules

If you qualify, your household can get Lifeline for phone or internet service, but not both.

- If you get Lifeline for phone service, you can get the benefit for one mobile phone or one home phone, but not both.
- If you get Lifeline for internet service, you can get the benefit for your mobile phone or your home connection, but not both.
- If you get Lifeline for bundled phone and internet service, you can get the benefit for your mobile phone bundled service or your home bundled service, but not both.

Your household cannot get Lifeline from more than one phone or internet company.

You are only allowed to get one Lifeline benefit per household, **not per person**. If more than one person in your household gets Lifeline, you are breaking the FCC's rules and will lose your benefit.

What is a household?

A household is a group of people who live together and share income and expenses (even if they are not related to each other).

Do not give your benefit to another person

Lifeline is non-transferable. You cannot give your Lifeline benefit to another person, even if they qualify.

Be honest on this form

You must give accurate and true information on this form and on all Lifeline-related forms or questionnaires. If you give false or fraudulent information, you will lose your Lifeline benefit (i.e., de-enrollment or being barred from the program) and the United States government can take legal actions against you. This may include (but is not limited to) fines or imprisonment.

You may need to show other documents

If the Lifeline Program Administrator is not able to prove you or someone in your household qualify using this form and electronic databases, you may need to show an official document from one of the government qualifying programs or to prove your annual income. You can submit copies of your official documents with this application or wait until the Lifeline Program Administrator asks you for them. To add them now, include the documents in option 1 or option 2 below:

1. If you qualify through a government program: copies of your state ID card and an official document from the programs you are qualifying through (your SNAP card, Medicaid card, etc.)
2. If you qualify through your income: copies of your state ID card and pay stubs for 3 consecutive months (or other accepted documents).

Visit lifelinesupport.org to see the full list of accepted documents.

Apply

To apply for a Lifeline benefit, fill out every section of this form, initial every agreement statement, and sign the last page.

Bring or mail the form to this address:

USAC
Lifeline Support Center
P.O. Box 7081
London, KY 40742



Notice

PAPERWORK REDUCTION ACT NOTICE: Section 54.410 of the Federal Communications Commission's rules requires all Lifeline subscribers to demonstrate their eligibility to receive Lifeline services. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. Using this authority, the FCC has designated USAC as the permanent Lifeline Administrator. The FCC has published rules detailing how consumers can qualify for Lifeline services and what Lifeline services they may receive (47 CFR §54.400 et seq.). The data provided in response to this information collection will be used by USAC to verify the applicant's eligibility for Lifeline services.

We have estimated that each response to this collection of information will take, on average, between 0.25 and 0.75 hours. Our estimate includes the time to read the questions, look through existing records, gather the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, OMD-PERF, Paperwork Reduction Project (3060-0819), Washington, D.C. 20554. We also will accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0819.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request on this form. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your response may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order.

If you do not provide the information we request on this form, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

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Purpose: We are collecting this personal information so we can verify that you qualify for the Lifeline program and so we can efficiently provide Lifeline services to you. We access, maintain and use your personal information in the manner described in the Lifeline System of Records Notice (SORN), FCC/WCB-1, which we have published in 82 Fed. Reg. 38686 (Aug. 15, 2017).

Routine Uses: We may share the personal information you enter into this form with other parties for specific purposes, such as: with contractors that help us operate the Lifeline program; with other federal and state government agencies that help us determine your Lifeline eligibility; with the telecommunications companies that provide you Lifeline service; and with law enforcement and other officials investigating potential violations of Lifeline rules.

A complete listing of the ways we may use your information is published in the Lifeline SORN described in the "Purpose" paragraph of this statement.

Disclosure: You are not required to provide the information we are requesting, but if you do not, you will not be eligible to receive Lifeline services under the Lifeline Program rules, 47 C.F.R. §§ 54.400-54.423.

Lifeline Program

Application Form



Jane Q Sample
9304 SE Main St
Milwaukie, OR 97222-7338
.....

Mailing Address (P.O. Box Allowed) *If different from your Qualifying Home Address

Address/Apt. No.

City

State ZIP code



1.

Your Information

All fields are required unless indicated. Use only CAPITALIZED LETTERS and black ink to fill out this form.

What is your full legal name?
The name you use on official documents, like your Social Security Card or State ID, Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is your phone number? (if you have one)?
() -

What is your date of birth?

Month

 /

Day

 /

Year

What is your email address? (if you have one)?

What are the last 4 numbers of your Social security Number (SSN)? (if you have one)?

if you do not have a SSN, what is your Tribal Identification Number?

What is the best way to reach you?

☐ email

☐ phone

☐ text message

☐ mail

What is your home address? (The address where you will get service. Do not use a P.O. Box)

Apt., Unit, etc.

City

State

Zip Code

Is this a temporary address? ☐ Yes ☐ No Check if you live on Tribal Lands* ☐

* Tribal lands include any federally recognized Indian tribe’s reservation, pueblo, or colony, including former reservations in Oklahoma; Alaska Native regions established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688); Indian allotments; Hawaiian Home Lands—areas held in trust for Native Hawaiians by the state of Hawaii, pursuant to the Hawaiian Homes Commission Act, 1920 July 9, 1921, 42 Stat. 108, et. seq., as amended; and any land designated as such by the Commission for purposes of this subpart pursuant to the designation process in the FCC’s Lifeline rules.

Only fill this section out if you are applying through a child or dependent.

☐ Check if you are qualifying through a child or dependent in your household.
If so, answer the following questions:
What is their full legal name?

First

Middle (optional)

Suffix (optional)

Last

What is their date of birth?

Month

 /

Day

 /

Year

What are the last 4 numbers of your Social security Number (SSN)? (if you have one)?

if you do not have a SSN, what is your Tribal Identification Number?

If you qualify for LifeLine, you can keep your current Smartphone and we will mail you a free SIM card; alternatively you can receive a free SafeLink phone. Select which plan option you prefer. Unused minutes and data will not Carryover from month-to-month.

Keep Your Own Smartphone*

Receive 350 monthly minutes & unlimited texts with 1.5GB/month of FREE data for the first 3 months of service and 1GB/month thereafter.

*Requires a compatible or unlocked GSM Smartphone. Most GSM smartphones are compatible.

OR

Free SafeLink Phone

Receive 350 monthly minutes & unlimited texts with 1GB/month of FREE data.

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2. Qualify for Lifeline

Fill out this section to show that you, your dependent, or someone in your household qualifies for Lifeline.

You can qualify through some government assistance programs or through your income (you do not need to qualify through both).

Qualify through a government program:

Check all programs that you or someone in your household have:

- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Supplemental Security Income (SSI)
- ☐ Medicaid
- ☐ Federal Public Housing Assistance
- ☐ Veterans Pension and Survivors Benefit Programs

Tribal-Specific Programs

- ☐ Bureau of Indian Affairs General Assistance
- ☐ Tribally-Administered Temporary Assistance for Needy Families (TTANF)
- ☐ Food Distribution Program on Indian Reservations (FDPIR)
- ☐ Head Start (only households that meet the income qualifying standard)

OR

Qualify through your income:

(Only fill this out if you do not qualify through a government program.)

Including you, how many people live in your household? <small>(check one)</small>	Is your income the same or less than the amount listed for your state and household size? <small>(only check yes or no next to your household size)</small>	
	48 Contiguous State & D.C.	Hawaii
<input type="checkbox"/> 1	\$16,389	\$18,846
<input type="checkbox"/> 2	\$22,221	\$25,556
<input type="checkbox"/> 3	\$28,053	\$32,265
<input type="checkbox"/> 4	\$33,885	\$38,975
<input type="checkbox"/> 5	\$39,717	\$45,684
<input type="checkbox"/> 6	\$45,549	\$52,394
<input type="checkbox"/> 7	\$51,381	\$59,103
<input type="checkbox"/> 8	\$57,213	\$65,813
<input type="checkbox"/> If more than 8, add this amount for each extra person:	\$5,832	\$6,710

135% of the 2018 Federal Poverty Guidelines

*The Federal Poverty Guidelines are typically updated at the end of January.

3. Agreement

I agree, under penalty of perjury, to the following statements:

You must initial next to each statement.

☐ Initial

I (or my dependent or other person in my household) currently get benefits from the government program(s) listed on this form or my annual household income is 135% or less than the Federal Poverty Guidelines (the amount listed in the Federal Poverty Guidelines table on this form).

☐ Initial

I agree that if I move I will give my service provider my new address within 30 days.

☐ Initial

I understand that I have to tell my service provider within 30 days if I do not qualify for Lifeline anymore, including:

- 1) I, or the person in my household that qualifies, do not qualify through a government program or income anymore.
- 2) Either I or someone in my household gets more than one Lifeline benefit (including, more than one Lifeline broadband internet service, more than one Lifeline telephone service, or both Lifeline telephone and Lifeline broadband internet services).

☐ Initial

I know that my household can only get one Lifeline benefit and, to the best of my knowledge, my household is not getting more than one Lifeline benefit.

☐ Initial

I agree that my service provider can give the Lifeline Program administrator all of the information I am giving on this form. I understand that this information is meant to help run the Lifeline Program and that if I do not let them give it to the Administrator, I will not be able to get Lifeline benefits.

☐ Initial

All the answers and agreements that I provided on this form are true and correct to the best of my knowledge.

☐ Initial

I know that willingly giving false or fraudulent information to get Lifeline Program benefits is punishable by law and can result in fines, jail time, de-enrollment, or being barred from the program.

☐ Initial

My service provider may have to check whether I still qualify at any time. If I need to recertify (renew) my Lifeline benefit, I understand that I have to respond by the deadline or I will be removed from the Lifeline Program and my Lifeline benefit will stop.

☐ Initial

I was truthful about whether or not I am a resident of Tribal lands, as defined in section 2 of this form.

I consent to let USAC contact me at my Lifeline phone number for important reminders and updates to my Lifeline service. Message and data rates may apply. Text STOP to end messages.

Signature

Today's Date

4. Agent Information

Answer only if a sales person submits this form

What is the agent's full legal name?

The name you use on official documents, like your Social Security Card or State ID, Not a nickname.

First

Middle (optional)

Suffix (optional)

Last

What is the agent's ID number?

What is their date of birth?

MonthDayYear

SafeLink
WIRELESS®

P.O. Box 220009
Milwaukie, OR 97269-0009

PRESORTED
FIRST CLASS
U.S. POSTAGE
PAID
TRACFONE



REQUESTED DOCUMENTS
ENCLOSED

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